

## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/642,250         | 08/17/2000          | Thomas J. Quinn       | 5167                   |

Fenwick & West LLP  
Two Palo Alto Square  
Palo Alto, CA 94306

## FORMALITIES LETTER



\*OC000000005391826\*

Date Mailed: 09/12/2000

## NOTICE OF INCOMPLETE REISSUE APPLICATION

## FILED UNDER 37 CFR 1.53(b)

A filing date has NOT been accorded to the above identified application papers for the reason(s) indicated below.

All of the items noted below and a newly executed oath or declaration covering the items must be submitted within **TWO MONTHS** of the date of this Notice, unless otherwise indicated, or proceedings on the application will be terminated (37 CFR 1.53(e)).

The filing date will be the date of receipt of all items required below, unless otherwise indicated. Any assertions that the item(s) required below were submitted, or are not necessary for a filing date, must be by way of petition directed to the attention of the Office of Petitions accompanied by the \$130.00 petition fee (37 CFR 1.17(i)). If the petition states that the application is entitled to a filing date, a request for a refund of the petition fee may be included in the petition.

- o The application was deposited without drawings. 35 U.S.C. 113 (first sentence) requires a drawing "where necessary for the understanding of the subject matter sought to be patented." Applicant should reconsider whether the drawings are necessary under 35 U.S.C. 113 (first sentence).

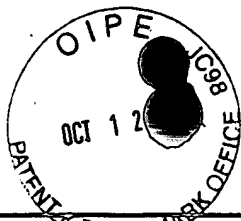
*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

002780 09224960



PTO/SB/ 10 (6-95) (modified)  
Approved for use through 07/31/96. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR  
1.9(f) & 1.27(c))—SMALL BUSINESS CONCERN**

Docket Number (Optional):  
**5167**

Applicant or Patentee: Thomas J. Quinn

Application or Patent No.: 09/642,250

Filing Date or Issue Date: August 17, 2000

Title: Gyroscopic Pointer and Method

I hereby declare that I am

☐ the owner of the small business concern identified below:

☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN Gyratation

ADDRESS OF SMALL BUSINESS CONCERN 12930 Saratoga Avenue, Building C, Saratoga, CA 95070

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

☐ the specification filed herewith with title as listed above.

☒ the application identified above.

☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each such person, concern or organization having any rights in the invention is listed below:

☒ No such person, concern, or organization exists.

☐ Each such person, concern or organization is listed below:

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING THOMAS J. QUINN

TITLE OF PERSON IF OTHER THAN OWNER CEO

ADDRESS OF PERSON SIGNING 12930 SARATOGA AVE, SARATOGA CA 95070

SIGNATURE [Signature] DATE 9/28/00

004230-0524960



03CO

PTO/SB/21 (modified)  
Approved for use through xx/xx/xx, OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

|   |                       |                        |      |
|---|-----------------------|------------------------|------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence during pendency of filed application) | Application Number    | 09/642,250             |      |
|   | Filing Date           | August 17, 2000        |      |
|   | First Named Inventor  | Thomas J. Quinn        |      |
|   | Group Art Unit Number | Unassigned             |      |
|   | Examiner Name         | Unassigned             |      |
| Total Number of Pages in This Submission  | 14                    | Attorney Docket Number | 5167 |

**ENCLOSURES (check all that apply)**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)<br><input type="checkbox"/> Check Enclosed              | <input type="checkbox"/> Issue Fee Transmittal  |
| <input checked="" type="checkbox"/> Return Receipt Postcard   | <input checked="" type="checkbox"/> Letter to Chief Draftsperson                              |
| <input type="checkbox"/> Response to Notice to File Missing Parts   | <input checked="" type="checkbox"/> Formal Drawing(s):<br>[ 6 ] Sheet(s) of Figure(s) [ 1-8 ] |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences           |
| <input checked="" type="checkbox"/> Supplemental Declaration  | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> Small Entity Statement  | <input type="checkbox"/> Certified Copy of Priority Document(s)                               |
| <input type="checkbox"/> Information Disclosure Statement & PTO-1449<br><input type="checkbox"/> Copies of IDS Cited References | <input type="checkbox"/> After Allowance Communication to Group                               |
| <input type="checkbox"/> Request for Corrected Filing Receipt   | <input checked="" type="checkbox"/> Copy of Notice of Incomplete Reissue Application          |
| <input type="checkbox"/> Request for Correction of Recorded Assignment  | <input checked="" type="checkbox"/> Response to Notice of Incomplete Reissue Application      |
| <input type="checkbox"/> Amendment/Response: [ ] Page(s)  | <input type="checkbox"/> _____  |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Status Request   | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Revocation and Power of Attorney   | <input type="checkbox"/> _____  |

REMARKS:

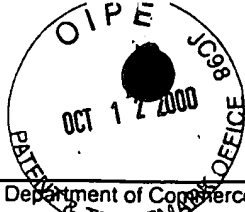
**SIGNATURE OF ATTORNEY OR AGENT**

|                    |                                  |                  |
|--------------------|----------------------------------|------------------|
| Signature:         |                                  |                  |
| Attorney/Reg. No.: | Albert C. Smith, Reg. No. 20,355 | Dated: 10/5/2000 |

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

|   |                 |                  |
|---|-----------------|------------------|
| Signature:                              |                 |                  |
| Typed or Printed Name:                  | Albert C. Smith | Dated: 10/5/2000 |
| Express Mail Mailing Number (optional): |                 |                  |



0002/PTO(modified)  
Rev. 10/2000

U.S. Department of Commerce  
Patent and Trademark Office

**FEE TRANSMITTAL**

**TOTAL AMOUNT OF PAYMENT**

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$0)**

**Complete if Known**

|                        |                  |
|------------------------|------------------|
| Application Number     | 09/642,250       |
| Filing Date            | August 17, 2000  |
| First Named Inventor   | Thomas J. Quiinn |
| Group Art Unit         | Unassigned       |
| Examiner Name          | Unassigned       |
| Attorney Docket Number | 5167             |

**METHOD OF PAYMENT**

1. The Commissioner is hereby authorized to:

☐ Charge the indicated fees to the below mentioned deposit account.

☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. <sup>1</sup>

☐ Charge the Issue Fee set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b) to the below mentioned deposit account.

Deposit Account Number: 19-2555  
Deposit Account Name: FENWICK & WEST LLP

A Duplicate Copy of this authorization is attached

2. ☐ Payment Enclosed:  
Check ☐ Other

**FEE CALCULATION** (fees effective 10/01/2000)

**1. FILING FEE**

| Large Entity<br>Fee Code/Fee | Small Entity<br>Fee Code/Fee | Fee Description    | Fee Due              |
|------------------------------|------------------------------|--------------------|----------------------|
| 101/\$710                    | 201/\$355                    | Utility Filing     | <input type="text"/> |
| 106/\$320                    | 206/\$160                    | Design Filing      | <input type="text"/> |
| 108/\$710                    | 208/\$355                    | Reissue            | <input type="text"/> |
| 114/\$150                    | 214/\$75                     | Provisional Filing | <input type="text"/> |
| <b>SUBTOTAL (1)</b>          |                              |                    | <b>(\$0)</b>         |

**2. CLAIMS**

| Large Entity<br>Fee Code/Fee | Small Entity<br>Fee Code/Fee | Fee Description   |
|------------------------------|------------------------------|---|
| 103/\$18                     | 203/\$9                      | Claims in excess of 20                                  |
| 102/\$80                     | 202/\$40                     | Independent claims in excess of 3                       |
| 104/\$270                    | 204/\$135                    | Multiple dependent claim                                |
| 109/\$80                     | 209/\$40                     | Reissue independent claims over original patent         |
| 110/\$18                     | 210/\$9                      | Reissue claims in excess of 20 and over original patent |

**3. ADDITIONAL FEES**

| Large Entity<br>Fee Code/Fee | Small Entity<br>Fee Code/Fee | Fee Description  | Fee Due              |
|------------------------------|------------------------------|--|----------------------|
| 105/\$130                    | 205/\$65                     | Surcharge - late filing fee or oath  | <input type="text"/> |
| 127/\$50                     | 227/\$25                     | Surcharge-late provisional filing fee or cover sheet                       | <input type="text"/> |
| 147/\$2,520                  | 147/\$2,520                  | For filing a request for reexamination                                     | <input type="text"/> |
| 115/\$110                    | 215/\$55                     | Extension for response within first month <sup>1</sup>                     | <input type="text"/> |
| 116/\$390                    | 216/\$195                    | Extension for response within second month <sup>1</sup>                    | <input type="text"/> |
| 117/\$890                    | 217/\$445                    | Extension for response within third month <sup>1</sup>                     | <input type="text"/> |
| 118/\$1,390                  | 218/\$695                    | Extension for response within fourth month <sup>1</sup>                    | <input type="text"/> |
| 119/\$310                    | 219/\$155                    | Notice of Appeal   | <input type="text"/> |
| 141/\$1,240                  | 241/\$620                    | Petition to revive unintentionally abandoned application                   | <input type="text"/> |
| 142/\$1,240                  | 242/\$620                    | Utility Issue Fee (Or Reissue)   | <input type="text"/> |
| 143/\$440                    | 243/\$220                    | Design Issue Fee   | <input type="text"/> |
| 122/\$130                    | 122/\$130                    | Petitions to the Commissioner  | <input type="text"/> |
| 126/\$240                    | 126/\$240                    | Submission of Information Disclosure Statement                             | <input type="text"/> |
| 179/\$710                    | 279/\$355                    | Request for Continued Examination (RCE)                                    | <input type="text"/> |
| 581/\$40                     | 581/\$40                     | Recording each patent assignment per property (times number of properties) | <input type="text"/> |
| 146/\$710                    | 246/\$355                    | Filing a submission after final rejection (37 CFR 1.129(a))                | <input type="text"/> |
| 149/\$710                    | 249/\$355                    | For each additional invention to be examined (37 CFR 1.129(b))             | <input type="text"/> |
| Other fee (specify):         |                              |  | <input type="text"/> |
| Other fee (specify):         |                              |  | <input type="text"/> |
| <b>SUBTOTAL (3)</b>          |                              |  | <b>(\$0)</b>         |

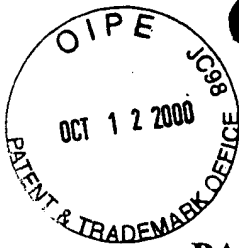
| For  | (Col. 1)<br>No. of Existing Claims | (Col. 2)<br>Highest No. Previously Paid For | (Col. 3)<br>Extra** | Fee | Fee Due |
|--|------------------------------------|---|---------------------|-----|---------|
| TOTAL  |                                    | 20 or 0                                     |                     | x   |         |
| INDEP  |                                    | 3 or 0                                      |                     | x   |         |
| [ ] First presentation of multiple dependent claim |                                    |   |                     |     |         |

\* Subtract the greater number of Col. 2  
\*\* If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

**SUBTOTAL (2)** **(\$0)**

**SUBMITTED BY**

|                       |                   |                          |           |
|-----------------------|-------------------|--------------------------|-----------|
| Typed or Printed Name | Albert C. Smith   | Complete (if applicable) |           |
| Signature             | <i>A.C. Smith</i> | Reg. Number              | 20,355    |
|                       |                   | Date                     | 10/5/2000 |



PATENT

IN THE UNITED STATES

PATENT AND TRADEMARK OFFICE

APPLICANT: Thomas J. Quinn  
REISSUE  
APPLICATION NO.: 09/642,250  
FILING DATE: August 17, 2000  
TITLE: GYROSCOPIC POINTER AND METHOD  
EXAMINER: Unassigned  
GROUP ART UNIT: Unassigned  
ATTY. DKT. NO.: 5167

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, Washington, D.C. 20231, on the date shown below:

Dated: 10/5/2000

By: A.C. Smith  
Albert C. Smith, Reg. No.: 20,355

OFFICE OF INITIAL PATENT EXAMINATION  
COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

RESPONSE TO NOTICE TO INCOMPLETE REISSUE  
APPLICATION

SIR:

Responsive to Notice of Incomplete Reissue Application dated  
September 12, 2000 received in the above-identified patent application, enclosed  
are:

☒ a copy of the Notice of Incomplete Reissue Application.

☒ Letter to Chief Draftsman and six (6) formal drawings.

Respectfully submitted,  
THOMAS J. QUINN

Dated: 10/5/2000

By: A.C. Smith

Albert C. Smith, Reg. No.: 20,355

Fenwick & West LLP

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Palo Alto, CA 94306

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